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LUPUS VULGARIS.

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WHOEVER has taken up a copy of a certain popular work on Surgery, must have noticed a shocking and loathsome picture inserted as a representation of the effects of lupus, which, in connection with the text and the descriptions of the disease in various other English works on the skin, serves to mislead the student, both as to its true nature and amenability to treatment. It is, then, to make known the more charitable views of Prof. Hebra on this subject, and to report a case recently under my own observation, that I now ask the attention of the Society. And first, I think that in this as in many other affections of the skin, we have adopted too readily the lead of English writers, in dividing one disease into several, according to the appearance it presents at various stages of its progress. Take up Wilson, and look at the long catalogue of specific names attached to nearly every disease in the index. We find, for instance, 14 varieties of eczema, 20 of scarlatina, 15 of roseola, 15 of psoriasis, 13 of pityriasis, 16 of pemphigus, 26 of lepra, and so on; nearly all of which are useless, and signify, properly, only stages, or the seat, of one and the same disease. This tends to nothing but confusion and misunderstanding, and is in striking contrast with Hebra's system of classification, which is exceedingly simple and comprehensive.

There are two kinds of lupus, or rather there are two totally distinct diseases of the skin which unfortunately bear the same generic name, and yet have nothing else in common than their seat. These are *L. erythematosus* and *L. vulgaris*. The former, though never healing spontaneously like the latter, is yet a mild and trifling ill when compared with its formidable namesake, but cannot properly be considered in this paper. The true *L. vulgaris*, like many organic diseases, but unlike other cuta-

neous affections, is very insidious and slow in its approach, and may, in fact, exist for years, even upon the most conspicuous and observed portion of man, the nose, for instance, without attracting the attention either of the patient or his friends. It is only the experienced eye of the physician that sees, in what appears to its bearer a simple nodule of acne or a slight local injection of the skin, the beginning of a disorder far more serious. So unfailing is this unconsciousness, that Hebra makes it a rule always to add four or five years to the time given by the patient as the duration of the disease. Though we may not, therefore, be able to study every case of lupus from its beginning, still we may watch its development quite as well by the fresh centres of disease, which start up anew at all its stages about the periphery of the older growth. We first notice exceedingly minute and scattered points of injection or efflorescence within the skin, which after the lapse of months may protrude slightly above its surface, and assume the form of nodules. These, at first no larger than a pin's head, and few in number, in time become more abundant, and attain the size of a pea or something greater. Sometimes, however, the starting-points spread peripherally to a considerable extent beneath the surface, and then appear like colored stains. Both the spots and nodules are of a peculiar brownish-red color in most instances, and have a boggy or semi-firm consistency, which is very characteristic. When pressed with a blunt point or edge they yield it a ready admission, and bleed slightly. In this state they may exist a long time without betraying their presence by any unpleasant or marked symptom, but eventually some of them approach by growth, and, running into each other, form patches and nodules sufficiently large to attract the attention of the patient. These have a glistening tip, produced by the tension of the epidermis, capped occasionally with minute white, round bodies, which are the remains of former hair and sebaceous follicles, while around them at their base runs a circle of minute scales. The non-elevated patches have received the name *L. maculosus*; the nodules, large and small, are called *L. tumidus* or *tuberculosus*, while to both the term *exfoliatus* belongs after the desquamative process is set up.

If we make a perpendicular section through the centre of one of these nodules or patches of efflorescence, however small, we shall discover the nature of this change which has been so slowly pushing itself forward into notice. We shall find the corion infiltrated with a transparent matter of dark color, the areoli distended far beyond their natural size with cells or their embryos, and the fibres of elastic tissue relaxed and describing wider arcs. It is, in fact, a new growth of cellular tissue, which holds its seat at first within the corion, spreads peripherally, upwards and downwards, and by mechanical pressure produces an atrophy of all the normal elements about it. The hair-follicles and the sebaceous

glands cease to perform their functions, and, with the papillæ, gradually disappear before the resistless advance of this new life. The epidermis, thrust upward by this vis a tergo, loses its vitality, changes color, becomes dry, and is at last thrown off in the shape of horny scales. Here the diseased action seems often for a time suspended, and an effort at cure set up. The swollen parts sink below the level of the skin, become pale, and present those smooth, white, and lifeless cicatrices or depressions, which, when occurring upon the alæ of the nose, are the cause of the peculiar notched or jagged outline sometimes seen. But we have not seen the end yet. The disease has but died out in parts for want of proper substance to feed upon, which it seeks by invading new provinces hitherto healthy.

Generally, however, having reached this stage of exfoliation, after years of almost imperceptible increase, lupus assumes another phase, and hastens its march. We see little, dry crusts make their appearance upon the red groundwork of the patches, and mingle with the scales of the nodules. These, on examination, prove to be mixtures of pus and blood, and before long the whole epidermis cracks, yields, and the disease breaks forth into the light. The exposed spots are soon covered again, however, with thick crusts composed of blood, pus, epithelial cells, and masses of red pigment matter; the under surface of which is bathed and moistened by a limpid fluid secreted by the foreign tissues, at times of a red or green color. Beneath these crusts, and beneath the corion, its starting point, we find the disease still at its work of destruction. The cellular growth pushes downward through the subcutaneous tissues, through the fat, and muscle, and cartilage even, crowding all before it, till it reaches bone; where, unlike malignant disease, its further course is stayed. With all this loss of substance, which results not from ulceration wholly, but from oppression and consequent atrophy, there is the new growth constantly increasing to take its place, so that on removing one of the thick crusts we find its under side marked with elevations and depressions, which fit exactly into corresponding depressions and elevations of the diseased surface; the points of new growth, in fact, shooting up from the clefts of decay. In these interspaces lies the pus, which is not, as has been supposed, a product merely of the ulceration of the normal tissues, but is a retrograde metamorphosis of the new formed and superabundant blastema. This stage bears several names, among which are *L. phagadenicus*, *exulcerans*, *rodens*, *vorax*, *edens*, *noli me tangere*, &c.

Generally, the efflorescence spreads widely in the corion, while within the centre of the patch the new growth extends deeper with the lapse of time, and fresh isolated points make their appearance about the original seat. Thus we may have the whole nose and cheeks covered with a thick crust, and the surrounding skin studed with the knots and granules of more recent growth. In this

later stage, too, we may have the formation of cicatrices, but unlike those of the earlier, already described, they are dense, rigid, and corrugated. They resemble the others, however, in being themselves the seat of fresh lupus growth, and in being lost again in the general mass of disease. Finally, there comes a time when cicatrices begin to form at the centre, which are permanent. About their convex edges the disease still spreads slowly outwards in a circle, but in its progress it is eventually overtaken and checked by the more vigorous growth of the cicatricial tissue. This is *L. serpiginosus*, the latest form of development, and the end to which every case naturally tends. Every case of lupus may, then, in time heal of its own accord, but nature requires long periods, and leaves traces of her handiwork in lasting scars, which often cause frightful disfigurement, and resemble closely the effects left by serious burns.

Lupus chooses its seat most frequently on the nose, cheeks and lips, on the forehead, occasionally over the joints—as the shoulder, elbow, knee, and back of hand—and in extremely rare cases it may affect the whole skin. Of all these it seems to prefer the septum of the nose as a point of attack, which it first destroys, and from which it spreads to the *alæ*, cheeks, and lips. It causes no subjective symptoms whatever in its earliest stage, and even its ulcerative process is productive of very slight pain.

Ætiology.—Lupus is a world-wide evil. No nation, rank, sex nor age is free from it. It visits the rich as well as the poor, the strong as well as the weak. Hebra says it is never developed in an individual in whom it has not shown signs of its presence before puberty. Even when severe, the constitution and functions of the patient may continue unimpaired, for it is a strictly local disease. All attempts to seek its origin in a syphilitic or scrofulous taint rest upon unsubstantial grounds. The proportion of lupus patients affected with phthisis or other signs of tuberculosis is very small, and acquired syphilis never produces it in an individual. With the congenital products of this poison we do find lupus sometimes associated, and with cancer too, but then we find it far more frequently in children whose ancestors have never been syphilitic, which is enough to show the fallacy of such assumed connection. This error has arisen from an imperfect acquaintance with the serpiginous stage of lupus, which resembles in its centrifugal spread and central scar formation so closely the usual development of the syphilitic serpiginous ulcer, that the greatest attention must be paid to every concomitant circumstance to distinguish at times between the two. When we remember also that in the end every case of lupus may become serpiginous, we can readily understand the supposed identity of the two diseases. In its stage of exfoliation, too, the likeness which the scale-covered and dull-colored nodules bear to a syphilitic psoriasis is very strong, and obscures the diagnosis. Generally, however, a faithful consi-

deration of its seat, local character, slow course, peculiarly hard, and, at the same time, yielding structure, and later the destruction of parts, accompanied by hypertrophy or new growth, is sufficient to mark lupus so strongly that it can hardly be mistaken.

Treatment.—Lupus being a local evil, requires local treatment. This is the rule. Hebra has found, however, after years of careful study of this disease, and no man has had opportunity so vast, or improved it so successfully, that there comes a case, now and then, which resists the most energetic local treatment, but which gradually yields before internal remedies. Especially is this the case when it has assumed the serpiginous form. It is now his custom frequently to combine the two, relying, however, almost wholly upon the effect of external caustic applications. Of these, a long list presents itself, the properties of which have been made the object of long-continued, special experiment in his department of the Vienna Hospital, where from fifty to sixty cases of lupus are treated in the course of a single year. They all act by destroying the new and morbid growth, and by substituting healthy granulations, and I believe I cannot do better than to give here that portion of his clinic which states in a condensed form the results of these investigations.

Of the various acids, the sulphuric, nitric, hydrochloric, acetic, &c., the nitric is by far the most available, and must be used in its pure and concentrated form. With it, Hebra was formerly in the habit of cauterizing freely, where a superficial action only was required, but at present uses in its place the iod. glycerine. Sulphuric acid must be left entirely out of the question, for one can never know beforehand how deeply its action may extend. It destroys the tissues, by uniting chemically with the water they contain, and thus carbonizing them. Its effect, depending upon the amount of water the diseased elements contain, is therefore various, so that at times a small quantity of the acid destroys to a large extent, and vice versa. Another objection to sulphuric acid is the frightful scars which result from its use, and which no other caustic applications produce. They form the so called false cheiloid. Hydrochloric acid has the unpleasant property of continually generating chlorine gas, which is especially undesirable in lupus, where the face is the part most frequently to be treated. In combination with other caustics, as the chloride of zinc, it may occasionally be used, but otherwise not. Concentrated acetic acid is a much weaker preparation, and is of excellent service when we wish to destroy epithelial growths. It must be applied, as all the above, by means of a pencil made of lint. Solutions of nitrate of silver, if used, must be as concentrated as possible, one drachm to fifty-five grains of water. Caustic potash must likewise be dissolved in one part to two, or in equal portions, of water, but is only applicable in lupus erythematosus, and even there, in regard to its effect and the form of its scar, must rank lower than the iod.

glycerine. R. Iod. pur., potas. iod., aa $\frac{3}{4}$ ss.; glycerine, $\frac{3}{4}$ i. M. This is his favorite liquid remedy, and is applied in a thin coat by a camel's hair brush. In lupus vulgaris it is seldom used, but in lupus erythematosus it may be considered a true specific. Dupuytren introduced an ointment composed of arsenious acid, two grs.; calomel, one gr.; lard, two drachms. It is spread upon a piece of linen cloth, and applied once or twice daily for three or four days. In a short time a black scab falls off, and the process is to be repeated till cure results. In place of the old pulvis cosmi and ung. helmundi, two arsenical preparations for a long time used in Germany in the treatment of lupus, Hebra used a modification of the following composition. R. Arsen. alb., cinnabar. fæctitiæ præparat., aa $\frac{3}{4}$ i.; axung. porc., $\frac{3}{4}$ i. M. This salve is spread thinly upon a piece of linen, and laid, for instance, upon an epithelial cancer. In half an hour the pain begins, and continues to increase. This application is repeated once daily, till the parts with which it is in contact become black, when it is omitted and an ung. simplex used in its stead until the black crust comes away. This remedy has the disadvantage of never producing an equal action, so that one is often obliged to apply it repeatedly to the raw surface, an operation to which few patients will submit. In these days, however, the local use of arsenical preparations has fallen into general disuse, and with good reason, for no restoration of the lost parts follows their action, and the physician must wait until granulations form before he can see whether he has attained his object or not. In this same category may be placed the deutiodide of mercury, which, used in form of an ointment, one drachm to the half ounce of lard, is an intense caustic, but like the above, very uncertain in its action. To the caustics which are used in the form of paste, belongs the Vienna salve. This must always be prepared extempore, and in the following manner:—Equal parts of caustic lime and potassa are reduced to a fine powder, mixed, and rubbed up by means of alcohol slowly added till they form a paste of the consistency of an ointment. If too thin, it flows freely, and may come in contact with parts which do not require its application. The neighboring parts are to be protected by strips of sticking plaster, and the paste is to be spread in a thin layer over the surface, and covered with lint. At the end of ten or fifteen minutes, the patient is sent to a warm bath, if the part under treatment admits; if not, a warm cataplasm is applied, and the pain, which resembles that produced by a live coal, ceases at once. The surface becomes covered with a black crust, which is to be kept moist with warm water till it falls off. The chloride of zinc paste is made by union with twice its quantity of meal, allowed to remain in contact with the tissues four hours, and then removed according to the above method. The Landolf salve, which is of excellent service when the lupus is circumscribed in its spread, is composed, according to Hebra's formula, of the following

substances:—Zinci chlorid., 3 i.; antim. chlorid., 3 ij.; bromi chlorid., 3 iij.; aquæ, q. s. ut f. pasta. This is smeared thickly over the diseased spot, covered with lint, and allowed to remain until the slough drops off. To these pastes belongs also the solutio plenkii, which consists of fifteen grains each of corrosive sublimate, alum, white lead, and camphor, and an ounce and a half of alcohol and vinegar. Hebra takes equal parts of all six, by the mixture of which a white paste is obtained and a portion of fluid, which last is thrown away. As a caustic application in various new growths of the skin, there is nothing better, especially in condylomata. In lupus, however, he found it of little benefit. Caustic potash in solid form, is, of all, the most violent in its action, and its effect. Even when applied hastily and with care, it is very uncertain, permanent, and penetrating. Sulphate of copper is admirably adapted to the destruction of granulations, and its action on the excoriated patches of lupus is often highly beneficial.

But of all remedies for lupus, the anhydrous or stick nitrate of silver is incontestably the best, and the best in every case. It can be trusted in the hand of any one, however inexperienced in the treatment of the disease, and cannot possibly do harm, because it is held in complete control, and because the sound tissues are very little if at all affected by its contact, while the diseased parts may be thoroughly pierced and penetrated to their very bottom. It is not enough, however, as is often done, to apply it to the surface merely, but a sharply pointed stick of the material set firmly in a quill must be taken, and thrust boldly down to the limits of its penetration. In the beginning of the treatment it is well to apply the caustic thus several times, at intervals of 3 or 4 days, till we obtain a smooth, even, suppurating surface. Arrived at this point, the process must be repeated twice a week, after which once will be sufficient. The scars which result from this treatment are the fairest and finest of scars. Those who have been fortunate enough to witness the operation of this remedy in Prof. Hebra's hands, will sustain me in saying, that the success achieved is most brilliant and certain. They will also bear witness that the thoroughness he insists upon in its application, is most faithfully carried into practice by himself; for a stranger seeing him for the first time at this work, would be of the opinion that he was trying to punch holes in the bone, regardless entirely that any such tissue as skin lay between it and the sharply pointed weapon employed. It is not so painful, however, as it looks, and the boggy nature of the disease easily admits of its entrance.

Two other methods have been at times employed to destroy lupus, viz., the actual cautery and the knife. Of these the former can scarcely be recommended. Its use would only be allowable in circumscribed patches, where a single application might be sufficient, but even here some one of the various pastes would have the

same effect without leaving behind an ugly scar, and without running the risk of injuring more parts than those diseased. As to the knife, little need be said. When we remember that lupus usually affects the nose, or spreads in broad patches over the skin, we see how seldom it could be used with advantage. If we had a long and narrow strip of skin implicated, on the cheek for instance, we might with two parenthetical incisions effect in a minute what would otherwise be the work of weeks; but such cases are seldom met with, and recurrence is quite as likely to follow its employment as any other treatment.

As above stated, a case will occasionally be met with, which will resist the most faithful use of nitrate of silver. Again, lupus may in some cases be healed by the administration of cod-liver oil alone, but only after many months can this improvement be looked for. The proper way, therefore, is to combine the local with internal remedies, when occasion seems to demand the latter, and for this purpose nothing is so good as cod-liver oil. It is needless to give it in such large doses as the French recommend, or so freely as it has been used among us here in phthisis, for it has been found that the digestive system refuses to take up more than a certain amount daily, and that when more than three ounces are taken the surplus passes off with the feces unchanged.

JUNE 18th, 1858.—A woman doubly veiled came to me, and gave the following history of herself. She was a native of Prussia, 30 years old, married, and had two children. Her parents were healthy peasant people, and she herself had always been well until 5 years previously, when she for the first time noticed signs of lupus growth upon the right side of her nose. The disease was badly treated for a long time and spread quite widely, but by the subsequent use of nitrate of silver it entirely disappeared, after a duration of a year and a half. Shortly afterwards, she came to this country and settled in Boston, but had been here scarcely a year before the disease again made its appearance on the face. She placed herself under the care of a homœopathic physician of this city, and remained under his treatment for more than a year, when finding that the disease was too much for him, and that the sums of money, contributed in her behalf by the catholic community of which she was a member, were exhausted, he gave up, and sent her to a certain famous cancer quack. He seems to have used electricity, but finding herself no better, she left him after a short time, and became by chance a patient of mine.

The disease at this time covered the greater portion of the right cheek, from the eye to the edge of the mucous membrane of the upper lip, the whole of the nose with the exception of the left nostril and the bridge between the eyes, and a portion of the left cheek. This was one continuous mass of thick crust, from beneath which pus might be made to ooze by pressure. In addition, there were several other patches upon the left cheek, raised above the

surface, of a dull red color, and covered with thin scales of epidermis. The integuments of the face were much infiltrated, and altogether she was a pitiful object. The voice was much changed, owing to the obstruction of the nostrils and the action of the lupus upon the septum and internal nares. She had been losing flesh and strength for some time before I saw her, and on examination the lungs gave the usual signs of the early stage of phthisis.

Treatment was begun by fastening a stick of nitrate of silver, two inches long, firmly in a quill holder, and pointing the same by boring into a wet sponge. Its sharp tip was then introduced beneath the edge of the crust, and thrust boldly on beneath it in every direction, till it was completely torn up and removed. A bare surface then became visible, which showed for a moment the peculiar growth of lupus, and then became covered with a white film. The bleeding was checked by means of lint, always to be kept at hand for this purpose. The younger patches or nodules were sounded to their bottom by pushing the point, which keeps itself always sharp, perpendicularly in till considerable force failed to make it penetrate further. The patient was then advised to make cold water applications during the day, by which the burning and swelling are allayed. On the 20th, two days afterwards, she came again. In place of the thick crust, which had formerly covered the diseased portion of the face, was seen a thin, black one, composed chiefly of dried blood. This was again removed in the manner above described, and the tissues beneath bored deeply into, in all directions. After this the applications were made less frequently, and finally once a week until every vestige of the disease was removed. On Sept. 15th, two months after beginning of treatment, the face was shining and red, but no trace of lupus remained, except high up within the nasal cavity, where the proper application of the caustic was difficult. It was thrust fearlessly up, however, though blindly, feeling assured that no injury could result. By December, this was overcome, and her face was nearly as fair as before the disease showed itself.

Having thus conquered the disease by local treatment alone, attention was directed to her pulmonary disorder, which since then has gone on increasing in severity up to the present time. In the meanwhile, however, she has passed through the various changes belonging to maternity, and been reduced at one time to an extreme state of emaciation, but no sign of the cutaneous affection has re-appeared.

EXTRA-UTERINE PREGNANCY, CONTINUING THREE YEARS AND SIX MONTHS—FÆTUS REMOVED BY GASTROTOMY.

BY C. GOODBRAKE, M.D., CLINTON, ILL.

MRS. FRIEZE, the subject of the following report, a lady of medium height, very lean, and about 43 years of age; was brought to my office by her husband, from Platt County, on the 17th day of last October. The lady informed me that she wished to get my opinion of her case, of which she gave me the following history:

She has had nine children, the youngest about six years old; has been a very stout, robust woman, able to do a great deal of hard labor. About April, 1856, she supposed herself pregnant, and in the fifth month she felt the fetal movements distinctly. She discovered no difference between her then condition and her previous pregnancies, only that she had more trouble in voiding urine—micturition being very frequent and painful. Some time in the following December, strong bearing-down pains came on, and supposing herself in labor, she sent for her family physician, who, judging from her pains, encouraged her with the assurance that her labor would soon be over. In this, however, both the physician and herself were disappointed, for in a few hours her pains gradually subsided, and the doctor, after an examination, informed her that her full time had not yet arrived, and left her. She continued to have more or less pains of a bearing-down character for two or three weeks, when she again thought herself in labor, and the doctor was again summoned, and after remaining with her a good many hours, he left her as before. From this time on, she continued to have pains of more or less severity; became very anxious about her condition; consulted a great number of physicians, who all differed to some extent in their diagnosis, some of them supposing it to be an ovarian tumor, while others fell in with her own idea of the case, namely, that it was a fetus. One physician whom she consulted about it, three months after the first time she thought herself in labor, prescribed, as she said, some medicine to produce contractions of the uterus, which brought on her menstrual discharge—since which time she has continued to menstruate regularly, up to the time of my seeing her. Her almost constant pains, and her great anxiety about her condition, produced a gradual wasting of the flesh, with diminution of physical strength. Upon close questioning, she says, positively, that there never was any sudden sensation of tearing or giving way in her abdomen, neither had she ever any sudden feeling of faintness or any other symptom which would indicate a rupture of the uterus or Fallopian tube. She also states, that up to the time when she considered herself at full period, and for some time after, her abdomen was elastic and of uniform size; but after that time it became gradually harder and of irregular shape—the bulk of the tumor occupying the right side. She also states, that for some

time after her expected confinement, her breasts secreted milk. She informed me that all the physicians she had consulted agreed that no medicine could do her any good, and that if she did not wish to trust to nature for a remedy, she would be compelled to have recourse to surgical aid. And it was very evident that she had fully made up her mind to submit to an operation.

Upon examining the abdomen, I found a large tumor occupying the right side, extending from the iliac fossa, to above the umbilicus, and a little to the left of the linea alba. The tumor felt hard and somewhat irregular, and *appeared* to be moveable to some extent.

On examination per vaginam, I ascertained that a round tumor, presenting a round, smooth surface, occupied the pelvic cavity. It impinged firmly on the right side, but the finger could be made to pass between it and the wall of the pelvis on the left. The uterus occupied a position behind and to the left of the tumor. I was unable at this examination, although I used my best endeavors, to find the os tincæ. A catheter introduced into the urethra, passed behind the tumor—indicating that both the uterus and bladder were crowded from their true position.

I was not satisfied as to the character of the tumor. At first I was inclined to favor the lady's notions of the case, and believed it to be a case of extra-uterine pregnancy, but upon consulting my books, and revolving the case in my own mind, I reasoned myself completely out of that belief, and came to the conclusion that it was most probably a fibro-cartilaginous tumor. The woman wishing to know whether I would undertake its removal, I informed her of the *uncertainty* of the nature of her case, of the danger of an operation, and endeavored to prevail upon her to go to Chicago and take the advice of Professors Brainard, Byford and Miller; but she and her husband both answered, that their pecuniary means were not such as to justify them in going to Chicago or Cincinnati; that they had consulted a great number of physicians, that they had been recommended to me by their friends, and they wished me to operate.

I finally agreed to visit her at her residence, on the next Monday; ordered her to take a dose of oil on the Sunday previous, and not to take any breakfast, except a little tea or coffee, on Monday morning. I promised to open the abdomen, and if it was found that the tumor could be removed without endangering her life too much, I would extirpate it; but if, on the other hand, it should prove to be too strongly adherent, or of such a character as that its removal could result in no good to the patient, I would close the wound, leaving the tumor *in situ*. I told the woman to take her case into serious consideration, and if she came to the conclusion not to have the operation performed, to let me know in the mean time, by letter or otherwise.

Accordingly, on Monday, the 24th day of last October, I visited

Mrs. F. at her house, accompanied by Drs. Lewis and Tyler of Marion, and Drs. Richards and McHugh of Mount Pleasant; also, Messrs. B. K. Shurtleff and Rolla Richards, medical students. Several of the gentlemen present had previously examined the case, but it was deemed advisable to make another thorough examination. At this examination, the mouth of the uterus was found, and we endeavored to introduce the uterine sound, but this was found impracticable on account of the obliquity of the uterus, and the encroachment of the tumor.

The lady, as well as her husband, were again advised of the severity, immediate danger, and ultimate uncertainty of the operation. However, with all these facts before them, they still urged that an operation should be undertaken.

In view of this determination on their part, the preliminary arrangements were made. The atmosphere of the room was kept moist by the evaporation of water from kettles on the stove. An artificial serum was prepared according to Dr. Peaslee's formula,* and all preparations made that were deemed necessary. The woman was placed on a table, the head and shoulders raised, a sheet applied as a diaper, and the operation performed in presence of the gentlemen already named, who kindly assisted by their council.

The patient being under the influence of a mixture, of one part chloroform to four of sulphuric ether, I made an incision in the linea alba, about four inches in length, down to the peritoneum; no hæmorrhage occurring, I cut down through it also. I now introduced my hand, after immersing it in the artificial serum, and soon satisfied myself that it was actually a foetus enveloped in a sac of its own. The sac was found firmly adherent in the right iliac fossa, and to a considerable extent to the parietal peritoneum on the right side. There were no adhesions anteriorly, nor to the intestines, which were all crowded to the left side. This diagnosis was confirmed by Dr. McHugh, who also made a thorough examination. In order to ascertain the condition of the foetus, a small incision was made in the sac, when it was found in a pretty good state of preservation; and upon a hurried consultation, it was deemed advisable to remove it, and as much of its sac as practicable.

The incision was now extended upwards as far as the umbilicus, and down to within an inch of the pubes. The incision through the sac was also enlarged, when the foetus was removed with great difficulty, owing to the strong adhesions between it and the sac. When the foetus was lifted out, the cord was found to be yet entire and attached to a very small placenta of a cartilaginous character, low down in the pelvis. The placenta was located immediately over the space where the sac also adhered to the broad ligament. The uterus was a little enlarged, but otherwise it seem-

* Amer. Jour. Med. Sciences, Vol. XXXVI., page 395.

ed in a normal condition. The cord, as much of the placenta and sac as could be got away without lacerating the peritoneum, was now removed, the parts carefully sponged, and the incision brought neatly together by the interrupted suture, supported by adhesive strips; and the dressing finished by the compress and bandage. The patient rallied from the effects of the anaesthetic about the time the dressing was completed, and was placed snugly in bed, a dose of laudanum was administered, and she expressed herself as quite comfortable. Her pulse was good.

The time occupied in bringing her under the influence of the anaesthetic, in the operation, and until she was placed in bed, was forty-five minutes, as observed by Mr. Shurtleff. It was estimated that there was not over an ounce of blood lost during the operation.

The patient was left, according to previous arrangement, in the care of Drs. Richards and McHugh; one of them remaining the first night at her house. They visited her regularly afterwards, twice a day. The bladder was evacuated morning and evening, and opium and brandy administered according to indications.

The physicians reported that the patient did quite well for the first forty-eight hours; after which she became restless, her pulse grew gradually weaker and more frequent, until it became imperceptible at the wrist.

Dr. McHugh informed me that the wound looked well, and that there was no swelling of the abdomen up to the time of her death, which occurred on the fifth day after the operation.

A post-mortem examination was solicited, but was refused by the friends.

The foetus, which I presented to the Obstetrical Museum of the Rush Medical College, is of female sex, of medium size as at full period; well developed; nails on fingers and toes well grown; weight not ascertained. The position it occupied in the abdomen was as follows:—The thighs were flexed on its abdomen, and the legs flexed on the thighs, with the face doubled low down between the knees, and it was kept in this position by the strong adhesions between these several parts. The head rested in the right iliac fossa, and the breech, being to the left of the head, passed down, to some extent, behind the pubic bone, displacing the uterus and bladder as before described. The only mark of decomposition observable on the foetus, was on the side, where a spot about twice the size of a dollar had sloughed out, exposing the ribs and some of the internal organs.

Remarks.—The question may with great propriety be asked—was it right and proper to operate, in the case of Mrs. F.? I would answer, that it would certainly have been better for the woman if she had not submitted to the operation; as she might, probably, have lived several years. Though this is only a probability; for where the sloughing had commenced on the foetus, there

was no adhesion, neither between it and the sac, nor between the sac and the walls of the abdomen. So that if decomposition of the foetus had advanced, the woman must have died. And even in a large majority of the cases on record, where adhesions have taken place, and where the sloughs have found their way through the walls of the abdomen, the patients died nevertheless.

If, when I opened the abdomen, I had found a tumor as strongly adherent as was the foetal sac, I would most certainly have desisted, and closed the wound, according to my promise to the patient. But finding a foetus, and the edges of the wound retracting strongly, it was deemed impossible for the wound to heal before foetal decomposition would have set in, which would have made a very bad case of it indeed.—*Chicago Medical Journal*.

DOUBLE EXTRA-UTERINE GESTATION.—M. Rupin relates, in the *Gazette des Hôpitaux*, the case of a healthy woman of thirty, who had borne two children, parturition having in both cases been perfectly normal. Towards the sixth month of a third gestation, she experienced severe pains, and a tumor was discovered projecting into the vagina. Fluid and the head of a child were distinctly felt, and as the pressure was such as to interfere altogether with the functions of the bladder and rectum, an incision was made into the walls of the vagina, and a foetus extracted. The mother soon sank under terrific hæmorrhage.

On a post-mortem examination, the cyst, which had contained the foetus, was found behind the abdominal walls, and before the uterus, with which organ it had no direct communication. At the fundus of the cyst lay the placenta, rather larger but less thick than usual. During the efforts made to remove it, spiculæ were felt, and finally all the bones of another foetus were taken from the placental mass, in which they were imbedded. They seemed to belong to a foetus of four months, whilst the one which had been extracted from the cyst appeared six months old. On opening the uterus, the lining membrane was found villous, and the size of the organ rather above the normal standard. The ovary on the right side was of the ordinary size; a corpus luteum was noticed in it; and the whole of the uterine appendages on that side were perfectly healthy. The left ovary, however, was atrophied; the Fallopian tube could not be distinguished, and it appeared as if the cyst had become developed in it and on the broad ligament.—*London Lancet*.

Correspondence.

Rome, May 25, 1860.

MESSRS. EDITORS,—On parting with you in February last, I half promised to let you hear from me in the course of my proposed wanderings. Since that time I have visited some of the principal Hospi-

tals in France, Spain and Italy. Though each of them had many things worthy of mention, I cannot now summon resolution enough to give an account of their several peculiarities and advantages, but must redeem my promise of writing by a short account of a very pleasant excursion which I made this afternoon.

In company with Dr. Valerj, of this city, I visited the island of the Tiber, on which in ancient times was situated a temple of *Æsculapius*. About three hundred years before Christ, Rome was visited by a fearful pestilence. The Sibylline Oracle was consulted. Its decree announced that the pestilence would be stayed as soon as a statue of the god *Æsculapius* should be procured and properly set up within the city. Ambassadors were immediately sent to Epidaurus to obtain the desired statue. On returning they discovered that a serpent had got into their ship, and they believed it to be the god himself taking that form in order to save their people. The serpent, however, escaped from the vessel and hid himself in the island as they came near to the city. Thereupon the inhabitants made the island into the shape of a ship, and walled it round with huge blocks of travestine rock hewn in the proper fashion; and built upon its southern extremity a temple to the god of their deliverance. In this temple there was a well, to which the afflicted in after times resorted for the cure of their diseases. That its waters were at least as efficacious as the "regular practice," the votive offerings, which at last became so numerous as to choke up the well itself, abundantly testify. So it seems that even in those old times "placebos" were resorted to, to occupy the patient's mind until the disease had time enough given it to pass undisturbedly through its allotted stages. A church now stands upon the site of this temple, portions of the latter having been used in the construction of the modern building. Four granite columns in the front and twelve in the interior of the church belonged originally to the temple, and are still quite perfect. In front of the high altar is an opening in the floor, protected by a marble drum covered with iron lace work, leading into the well before mentioned. The monk, who acted as our guide, said it was at least three hundred feet deep, and that the water was still drinkable. A small stone, dropped in, gave no audible sound when it reached the bottom. From the church we were conducted through the monastery, along a passage to the garden gate, through which we descended on the accumulated sand to the water's edge. There on one side we could see a large extent of the stone work nicely hewn into the form of a ship's bow. The blocks had still a very smooth surface, and were fitted together, apparently without cement, so accurately that it was not easy to find the division lines. One of the smaller blocks which I could reach, I found by measurement to be eight feet long and four feet thick. On the side of the bow a serpent on a staff had been sculptured in high relief, but the lower half of the serpent and a portion of the staff only remain.

Taken altogether, these old ruins are among the most interesting relics of ancient times that I have visited in Rome.

From the island we went to the Botanical Garden, which is in a flourishing condition. The Professor of Botany was giving a practical lecture to a class of medical students, who are here obliged to study Botany during the first year of their pupilage.

Leaving the garden we proceeded to the San Spirito Hospital—the largest in Rome. Its inmates amounted to-day to four hundred. In

the last of the summer months the number often rises to one thousand. The wards were very long and very high—lighted and ventilated by large windows near the top. The walls, of stone, were whitewashed two-thirds the way up, and frescoed the remainder. The beds were in rows on either side. In the middle, opposite the entrance, was an altar. Over the entrance a good-sized organ. Mass is said at the altar within sight and hearing of all the patients of the ward, every morning before the arrival of the physicians. The sick appeared to be well cared for.

The museum of pathological specimens attached to the Hospital shows that at least some of its attendants are active and of the progressive class. I shall spare you an enumeration of the modern preparations, and allude to only three made by Flaiani, a physician attached to the Hospital nearly a hundred years ago. One of these was a dried preparation of the arteries of the whole body, injected, separated, and properly set up; another, similar, of the veins; but the third, the nerves, to the minutest fibre, dissected out clearly, and set up with a multitude of pins, &c., so that each portion can be easily seen, must have been a work of almost incredible care and patience. Three full years were occupied in its preparation.

From Dr. Valerj and family I have received many acts of kindness. Dr. Valerj is Physician in Chief to the San Spirito Hospital, and Professor of Pathological Anatomy in the University of Rome. He is not yet forty-five years of age, but has by talent and application *worked* his way up to the head of his profession. He is eminently a "Rational Physician," and swears by Hippocrates, Sydenham, and Baglivi.

He has had some of my former patients under his care, who speak in the highest terms of his attendance and skill. We have already struck up such an intimacy, that parting with him will add greatly to my many regrets in leaving Rome.

I have thus endeavored to keep my promise to the *letter*. Pardon its short-comings, and believe me

Ever yours truly, B. E. COTTING.

N. B. If I mistake not, your predecessors in office earnestly advocated the adoption of certain "modern conveniences" to be located along our waysides—but, after some months constant nasal proofs of almost intolerable strength at every corner in the various cities I have visited, I am compelled to say that however necessary or desirable a sufficient number of such public *retreats* may be, I hope it will be a long time before the streets of Boston are ornamented with "*jolis petits monumens*," as an enthusiastic traveller once called those along the Boulevards of Paris.

Bibliographical Notices.

On the Forms and Stages of Bright's Disease of the Kidneys, with especial reference to Diagnosis and Prognosis. By GEORGE JOHNSON, M.D., F.R.C.P., Physician to King's College Hospital. London: 1859. Pp. 12.

This is a re-print of an extremely interesting communication made to the Royal Medical and Chirurgical Society of London, March 22d,

1859 (*Medico-Chirurgical Transactions*, Vol. XLII.), and a copy of which has just been received from the author, having been sent some time since, but detained on the way.

The author is well known, throughout the medical world, as an unsurpassed authority upon renal pathology; and the finely-executed representations of certain stages of renal disease (Brightian kidney) which adorn this paper, add very largely to its value. These were lately exhibited to the Boston Society for Medical Improvement.

The object of Dr. Johnson's communication—which is the "Fourth" made by him to the London Society upon the subject—is to illustrate certain exceptions to a proposition which he has laid down as a rule, respecting the lesions observed in kidneys affected with Bright's disease. The views of Dr. Johnson relative to the forms of lesion occurring in *chronic* Bright's disease are, comprehensively, that these "may conveniently be arranged in two main divisions; 1st, the large white kidney, whether simply pale, anæmic, and wax-like, or containing more or less oil; and 2d, the small, contracted, granular kidney." The author has for years maintained that these two forms of Bright's kidney are due to different morbid changes, and that, as a rule, the large white kidney is not convertible into the small, contracted, granular kidney. In the author's words—"The rule is that a large Bright's kidney remains large to the end, and does not become a small one; and, on the other hand, a contracted Bright's kidney does not pass through a previous stage of enlargement." The exceptions to this rule—and which Dr. J. thinks, when carefully considered and rightly interpreted, tend to prove and confirm it—are then set forth, and constitute, as has been intimated, the "chief object" of the communication. The exceptions are of three classes; 1st, cases in which, although the kidney is still large and heavy, the cortical portion begins to show signs of atrophy and contraction. "The cortex of the kidney in these cases is anæmic, pale, and wax-like, the surface being more or less uneven and nodulated, while the thickness of the cortical substance appears diminished in a greater or less degree." The author had noted six instances of this lesion.

2dly. The above-mentioned "contraction of a white and waxy kidney had proceeded further; so that the size and weight were reduced below the average of the healthy organ." Three cases noted.

3dly. The cases coming under the third class "are those in which the kidney, having become enlarged and undergone *fatty degeneration*, has subsequently contracted, the fat granulations being still visible in the atrophied gland." Five cases.

The above are the chief propositions, the development of which, by Dr. Johnson, constitutes an exceedingly important and interesting paper. The truly beautiful illustrations show the morbidly affected organs in whole and in section; and "represent the characteristic appearances of [the] three different forms of contracted Bright's kidney" above designated. The plates were executed from drawings by Dr. Westmacott.

W. W. M.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON: THURSDAY, JULY 5, 1860.

NOURISHMENT IN TYPHOID FEVER.—English journals and English books contain much strong language and many strong facts in favor of nourishment in typhoid fever. A belief in the necessity of sustaining the strength of those who are to pass through this dangerous disease, is certainly gaining ground. But there are still some who cannot see that the debility which follows the fever is even worse than the fever itself, or, more properly speaking, are so intent upon the disease, that they forget the condition produced by it. Upon the prostration depend tardy convalescence and many of the sequelæ which not only add greatly to the patient's sufferings, but threaten life itself.

It is clear that many patients relish certain kinds of food, and bear them well, but are kept upon disagreeable and comparatively innutritious articles of diet, the use of which is sanctioned by old and unfounded theories. As the French have advocated every variety of treatment, and been quite as heroic as any physicians, it gives us pleasure to furnish a summary of some remarks by Dr. Monneret, physician of Necker Hospital, in Paris, published in the *Bulletin de Therapeutique* for Jan. 30th, 1860. After denying that there is any special treatment for the disease, he strongly insists upon the necessity of sustaining the strength by liquid and solid alimentary substances. He commences with an emetic, which is repeated on the second day, if the action previously has not been sufficient. During the second, third and fourth days he gives lemonade, bark, quinine, wine and broth, and soon after strong soups. He remarks that the physician may feel some repugnance at giving wine and soup to a patient who has a dirty tongue, diarrhœa, fever and delirium, but on reflection it will be seen that there is no other contra-indication to the employment of alimentary substances. Those who insist upon a strict diet are still influenced by the doctrine of irritation. They see inflammation where it does not exist, and are constantly afraid of exciting or increasing it. They therefore allow patients to die, who might recover if properly nourished. Whatever may be said about fever, it should not prevent us from sustaining the strength. Do we not prolong the existence of phthisical persons, undermined by fever, by nourishing them until the last moment? Do we not, by nourishment, sustain, for a long time, the life of persons laboring under visceral disease?

Surgeons have learned, although rather late, and at the expense of their patients, that fasting is often pernicious after great operations. A great number of complications of all kinds assail the sufferers and compromise their existence, if the strength is not upheld by broths, wine, and even more substantial aliments.

Besides, all fears, inspired by systematic ideas founded in bad medical doctrines, fall before impartial observation, which shows us that patients who are a prey to fever, digest very well all the things mentioned. Still more, diarrhœa, gurgling and meteorism, far from augmenting, partially diminish.

We can easily conceive, that alimentation should be without harm, as the stomach and a great part of the small intestine are exempt from all textural if not functional change.

Patients attacked by a form of fever, which progresses rapidly and violently, terminating fatally, perhaps, in less than a week, take wine and broth with great pleasure, and bear them better, perhaps, than medicated drinks.

In following the proposed course, we only act in accordance with the universally admitted law that nature is to be assisted. In this disease a want of strength is what we have great reason to fear, and, certainly, nothing can so effectually guard a patient against this danger as the use of nutrient materials, which are easy of digestion.

M. Piorry writes in the same strain in the *Gazette des Hopitaux* for March, 1860. He gives the following rules:—

Give, in general, nourishment, when patients wish and need it.

Choose that which observation has shown to be the most suitable and most easily digested.

Commence with a small quantity.

Observe the effects, and increase the quantity promptly, if the experiments show such a course to be desirable.

MALFORMATION OF THE CHEST.—Dr. Wojaczek, from Vienna, who is a native of Oslavau, in Moravia, and aged about 23, is the subject of a peculiar malformation of the chest, which has been examined by eminent medical men at the different universities and medical schools of Europe. This gentleman was introduced by Dr. Alexander Simpson, and submitted himself for examination by the members of the Medico-Chirurgical Society of Edinburgh. In front, the chest presents in the middle, at its lower part, a remarkable depression or hollow, about three inches deep, and large enough to lodge the head of a child. This hollow is formed by the inflexion of the sternum downwards and backwards towards the spinal column, which it approaches so closely, that, by calculation, only about $1\frac{1}{2}$ inches intervene between the lower end of the sternum and the front of the bodies of the vertebræ. There is no deficiency of the osseous or cartilaginous textures, but the cartilages of the ribs are bent backwards to join the depressed sternum and form the sides of the hollow; the skin and soft parts present nothing unusual. In consequence of this peculiar shape of the chest, the respiration is almost exclusively carried on by the diaphragm and false ribs. This malformation appears to have been congenital, and was first discovered by Professors Skoda and Rokitansky during an illness, in which they had occasion to examine M. Wojaczek's chest. Casts of the malformation have been placed in the museums of the University and of the Royal College of Surgeons.—*Edinburgh Medical Journal*, June, 1860.

POISONED PERFUMES.—The police of Paris have been for some months engaged in the examination of a variety of falsifications, and amongst the rest that of perfumery. Several actresses have been suffering from the effects of poison absorbed from the face, without suspecting that their sufferings came from this source. The quantity of corrosive sublimate, arsenic, verdigris, vitriol, and other poisonous substances daily absorbed in Paris, must in effect be immense, and the

reform did not commence too soon. The investigation was instigated by an actress of the Variétés Theatre against a perfumer for damages for indisposition attributed to his cosmetics.—*Chemical News*.

UTILIZATION OF THE SEWAGE OF LONDON.—The Metropolitan Board of Works has determined to invite tenders from parties who may be willing to take the sewage of London to be conveyed by the main outfall sewers, either for the purpose of rendering it innocuous, or for removing and disposing of it, with a view to its application to agricultural or other purposes. The Board had previously received a proposal from Mr. Shepherd, C.E., to enter into a negotiation for the use of the whole of the sewage of London for one hundred years.—*Lancet*.

THE JOHN HUNTER STATUE.—A large attendance of the Committee for erecting a statue to the founder of the Hunterian Museum met on Monday, May 21st, in the Council Chamber of the Royal College of Surgeons, the President (Mr. Arnott) in the chair. The minutes of the previous meeting having been read and confirmed, the Committee proceeded to the election of an artist, and selected for future consideration the names of three sculptors from amongst the gentlemen proposed by various members of the Committee.—*Ibid*.

HONORS TO PHYSICIANS.—At the installation of Lord Brougham as Chancellor of the University of Edinburgh, Dr. Stokes, of Dublin, and Drs. Miller and Sharpey, of London, received the honorary degree of LL.D.—*Ibid*.

DEATH OF PROFESSOR JOHN LIZARS, F.R.S.E.—We regret to announce the death of this distinguished surgeon, which took place at Edinburgh, on Monday evening, the 21st May, in consequence of an attack of apoplexy.—*Edinburgh Medical Journal*, June, 1860.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, JUNE 30th, 1860.

DEATHS.

	Males.	Females	Total.
Deaths during the week,	38	38	76
Average Mortality of the corresponding weeks of the ten years, 1850-1860,	33.4	30.5	63.9
Average corrected to increased population,	72.9
Deaths of persons above 90,	1	..	1

Mortality from Prevailing Diseases.

Consumption.	Croup.	Scarlet Fever.	Pneumonia.	Measles.	Smallpox.
15	2	6	5	4	1

METEOROLOGY.

From Observations taken at the Cambridge Observatory.

Mean height of Barometer,	30.098	Highest point of Thermometer,	85°
Highest point of Barometer,	30.412	Lowest point of Thermometer,	50°
Lowest point of Barometer,	29.642	General direction of Wind,	S. W.
Mean Temperature,	69°.2	Whole am't of Rain in the week	0.627 in.

COMMUNICATIONS RECEIVED.—Cases—Salivary Calculus and Punctured Wound.

BOOKS RECEIVED.—Rational Medicine: its Position and Prospects. An Oration delivered before the Members of the Hunterian Society on the 15th February, 1860. By Stephen H. Ward, M.D., Lond., M.R.C.P., &c. (From the Author.)

DIED.—In this city, 26th inst., after a long and painful illness, Dr. Ephraim Stone, formerly of Harvard, Mass., 89 years, 6 months.

Deaths in Boston for the week ending Saturday noon, June 30th, 76. Males, 38—Females, 38.—Accident, 1—apoplexy, 1—disease of the brain, 3—inflammation of the brain, 1—bronchitis, 1—cholera infantum, 2—consumption, 15—convulsions, 1—croup, 2—dropsy, 2—drowned, 1—scarlet fever, 6—typhoid fever, 1—gangrene, 1—disease of the heart, 3—hemorrhage, 2—hernia (strangulated), 1—disease of the hip, 1—infantile disease, 1—larvngitis, 1—disease of the liver, 2—disease of the lungs, 2—inflammation of the lungs, 5—marasmus, 3—measles, 4—old age, 1—paralysis, 1—peritonitis, 2—pleurisy, 1—rheumatism, 1—smallpox, 1—stricture (intestinal), 1—inflammation of the uterus, 1—unknown, 4.

Under 5 years, 33—between 5 and 20 years, 3—between 20 and 40 years, 23—between 40 and 60 years, 10—above 60 years, 7. Born in the United States, 48—Ireland, 26—other places, 2.